Adversary Care a 5 2:15 - ap-0	2211 Doc 3 Filed	11/16/15 Fage 1	Plaintiff: State ed 11/16/15 10:30 Defendant: Jas	of Ohio Dept. Job & Fam. Services: 18 Desc Main mine L. King
I,	Erin M. Dooley	certify	that I am, and at all tim	
1,	(name)	, certify	mat I am, and at an um	ics during the
	was, not less than 18 years I further certify that the s by:			
Mail Service: R  Jasmine L. Kir 1058 Berkeley Columbus, OH	Road	ates mail, postage ful	ly pre-paid, addressed t	o:
Personal Service	e: By leaving the process w	ith defendant or with	an officer or agent of d	lefendant at:
Residence Servi	ce: By leaving the process	with the following ad	ult at:	
	ervice on an Insured Deposi officer of the defendant at:	•	nding the process by cer	tified mail addressed
Publication: The	e defendant was served as f	follows: [Describe brid	efly]	
☐ State Law: The as follows: [Des	defendant was served purst scribe briefly]	uant to the laws of the		ame of state)
Under pe	nalty of perjury, I declare t	hat the foregoing is tr	ue and correct.	
November 16,	2015	/s/ Erin M. D		
Date			Signature	
				1
	Print Name Erin M. Doole	у		
	Business Address 6305	Emerald Parkway		
	City Dublin	State OH	Zip 43016	]